SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM** 09/743982 FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER 2nd AMENDMENT AFTER 101 AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ı TOTAL IND, **⊕** Û TOTAL Ç. **⊕** [∰] <u>___</u> TOTAL DEP. TOTAL DEP. YOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS Barbara Campball National Stage Processing

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FORM PTO-1380 (REV. 3-78)

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